

CLIENT SERVICES QUESTIONNAIRE

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CLIENT SERVICES QUESTIONNAIRE

Please complete this questionnaire in **BLACK INK** and **BLOCK CAPITALS**.

Name of Trust	
Private Banker	

The Kleinwort Hambros Group of Companies

Throughout this Client Services Questionnaire, all references to Kleinwort Hambros shall be construed as references to the Kleinwort Hambros entity that will provide you with the particular client service you have selected.

UK

SG Kleinwort Hambros Bank Limited
5th Floor, 8 St James's Square
London SW1Y 4JU

Jersey

SG Kleinwort Hambros Bank (CI) Limited
PO Box 78, SG Hambros House
18 Esplanade, St Helier
Jersey JE4 8PR

Guernsey

SG Kleinwort Hambros Bank (CI) Limited – Guernsey Branch
PO Box 6, Hambro House
St Julian's Avenue, St Peter Port
Guernsey GY1 3AE

Gibraltar

SG Kleinwort Hambros Bank (Gibraltar) Limited
PO Box 375, Hambro House
32 Line Wall Road, Gibraltar

PART 1 TRUST DETAILS

The Trust

Name and Address	
Full name of the Trust (referred to throughout this questionnaire as 'the Trust')	
Principal address of the Trust	Correspondence address of the Trust (if different)
Postcode	Postcode
Date the Trust was established	
Termination date of the Trust	
Applicable law	

Net Worth

Assets	
Cash	
Stocks and shares	
Value of property	
Other major assets	

PART 1 TRUST DETAILS

Net Worth continued

Liabilities	
Mortgage	
Other major liabilities	
Total net worth	
Estimated annual income of the Trust	
Other relevant information	

Of the funds to be held with SG Kleinwort Hambros, how much do you require initially to be held for immediate access?

- a) 0-10% b) 11-20% c) 21-40% d) 41-70% e) over 70%

Further Details	
Purpose of the Trust	
Sources of the funds settled in the Trust	

PART 1 SANCTIONS AND EMBARGOS QUESTIONNAIRE

FOR TRUSTS

Please complete this due diligence questionnaire and return to your contact at Kleinwort Hambros. Alternatively, you may respond to these questions via email or by post.

Please also note that this questionnaire may be shared with any other entity of Societe Generale Group, for the exclusive purpose of fighting money laundering and terrorist financing. By signing this questionnaire, you expressly agree to this sharing. Kleinwort Hambros took all necessary security measures to ensure the confidentiality of the information transmitted through this questionnaire.

Questionnaire

Preliminary Question

Does the client (and any entity concerned by this questionnaire) conduct international activity* ? Yes No

If the answer is “no”, there is no requirement to complete the questions below.

1. Are any of the Trustees/Settlers/Beneficiaries the target of any economic or financial sanctions administered by the UN, the EU, HMT, OFAC, or pursuant to jurisdiction-specific sanctions regimes applicable where the Trust is governed? Yes No

a) If yes, please provide details.

2. Are any of the Trustees/Settlers/Beneficiaries located within or operating from any of the following countries:

Cuba, Iran, North Korea, Sudan, South Sudan, Syria and the Crimea and Sevastopol Region, Afghanistan, Belarus, Burma/Myanmar, Burundi, Central African Republic, DRC, Egypt, Eritrea, Iraq, Lebanon, Libya, Republic of Guinea, Republic of Guinea-Bissau, Somalia, Tunisia, Venezuela, Yemen or Zimbabwe (“Sanctioned Countries”)?

Yes No

3. Are any of the Trustees/Settlers/Beneficiaries engaged in transactions, investments, business or other dealings that directly or indirectly involve or benefit any Sanctioned Countries or any person or entity which is the target of any sanctions (“Sanctioned Persons”)?

Yes No

4. Will the Trust be engaged in transactions, investments, business or other dealings that directly or indirectly involve or benefit any Sanctioned Countries or Sanctioned Persons?

Yes No

*Depending on client type “international activity” could include, but is not limited to: conducting cross-border business, having subsidiaries/branches/representative offices outside of your country of incorporation, using suppliers that are based abroad, selling goods internationally, using intermediaries abroad, owning properties abroad, owning assets abroad etc.

PART 1 SANCTIONS AND EMBARGOS QUESTIONNAIRE

FOR TRUSTS CONTINUED

5. If the answer to Question 2, 3 or 4 is yes:

a) Please explain and detail the relationship(s), transaction(s), investment(s), business, or other dealing(s) with the Sanctioned Country or Sanctioned Person.

b) Please explain if there is an intention to expand the scope of the relationship(s), transaction(s), investment(s), business, or other dealing(s).

c) Please confirm that the transactions or new account under consideration with Kleinwort Hambros do not involve any Sanctioned Countries or Sanctioned Person(s) directly or indirectly.

PART 1 INDIVIDUAL TRUSTEE(S)

Complete where applicable

N.B. Any further trustee(s) should be listed on a separate form.

Trustee 1

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

Trustee 2

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

PART 1 INDIVIDUAL TRUSTEE(S)

Complete where applicable

N.B. Any further trustee(s) should be listed on a separate form.

Trustee 3

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

Trustee 4

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

PART 1 CORPORATE TRUSTEE(S)

Complete where applicable

N.B. Any further trustee(s) should be listed on a separate form.

Trustee 1

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Facsimile

Email address

Trustee 2

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Facsimile

Email address

PART 1 SETTLOR(S)

Complete where applicable

N.B. Any further settlor(s) should be listed on a separate form.

Settlor 1

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Date of death* **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

*If applicable.

Settlor 2

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Date of death* **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

PART 1 SETTLOR(S)

Complete where applicable

N.B. Any further settlor(s) should be listed on a separate form.

Settlor 3

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Date of death* **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

*If applicable.

Settlor 4

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Date of death* **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

Relationship between settlor(s)

If the Trust was established by a declaration of trust, this section has to be completed in respect of the originator of the funds if this is not the settlor.

PART 1 PROTECTOR(S)

Complete where applicable

N.B. Any further protector(s) should be listed on a separate form.

Private

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Telephone

Facsimile

Email address

Corporation

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Facsimile

Email address

PART 1 BENEFICIARY(IES)

Complete where applicable

N.B. Any further beneficiary(ies) should be listed on a separate form.

Beneficiary 1

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

Relationship to the settlor(s)

Beneficiary 2

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

Relationship to the settlor(s)

PART 1 BENEFICIARY(IES)

Complete where applicable

N.B. Any further beneficiary(ies) should be listed on a separate form.

Beneficiary 3

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

Relationship to the settlor(s)

Beneficiary 4

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

Relationship to the settlor(s)

PART 1 BENEFICIARY(IES)

Complete where applicable

N.B. Any further beneficiary(ies) should be listed on a separate form.

Beneficiary 5

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

Relationship to the settlor(s)

Beneficiary 6

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Occupation

Public positions held

Name of employer

Permanent residential address

Postcode

Nationality

Date of birth **DD / MM / YYYY**

Town and country of birth

Telephone

Facsimile

Email address

Relationship to the settlor(s)

Classes of beneficiaries

PART 2 BANKING SERVICES

TRUST ACCOUNT DETAILS

Type of account required e.g. property a/c, bill a/c etc.	
Which entity do you wish to provide the service?	Gibraltar <input type="checkbox"/> Guernsey <input type="checkbox"/> Jersey <input type="checkbox"/> UK <input type="checkbox"/>
Currency of account (multiple possible)	GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> CHF <input type="checkbox"/> Other <input type="checkbox"/> _____
Do you require segregated income and capital accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>

BANK ACCOUNT ACTIVITY

Purpose of the account	
Estimated frequency of transactions	
Estimated value range of transactions	
Source of account opening funds	

PAYMENTS/DEPOSITS

<p>If the Trust is likely to require Kleinwort Hambros to make or receive any regular international payments, please provide details of the estimated frequency, source and destination countries and of the expected beneficiary or remitter. (Please do not include Direct Debits or Standing Orders)</p>	Incoming	Outgoing

PART 2 BANKING SERVICES (ADDITIONAL BANK ACCOUNT IF REQUIRED)

TRUST ADDITIONAL ACCOUNT DETAILS

Type of account required e.g. property a/c, bill a/c etc.	
Which entity do you wish to provide the service?	Gibraltar <input type="checkbox"/> Guernsey <input type="checkbox"/> Jersey <input type="checkbox"/> UK <input type="checkbox"/>
Currency of account (multiple possible)	GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> CHF <input type="checkbox"/> Other <input type="checkbox"/> _____
Do you require segregated income and capital accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL BANK ACCOUNT ACTIVITY

Purpose of the account	
Estimated frequency of transactions	
Estimated value range of transactions	
Source of account opening funds	

PAYMENTS/DEPOSITS

<p>If the Trust is likely to require Kleinwort Hambros to make or receive any regular international payments, please provide details of the estimated frequency, source and destination countries and of the expected beneficiary or remitter. (Please do not include Direct Debits or Standing Orders)</p>	Incoming	Outgoing

PART 3 DECLARATION

DATES AND FREQUENCY OF VALUATIONS AND STATEMENTS

Valuations and Statements will be sent quarterly unless otherwise requested below.

Frequency	
Day	

N.B. Channel Islands and Gibraltar clients only: Where there have been no transactions on an account during the agreed statement period, a statement will not normally be sent to you. However, you will always receive an annual statement for your account.

COPY CORRESPONDENCE

Please provide details of where copy correspondence should be sent. Please also state the capacity in which the recipient will be receiving the copy correspondence (e.g. as the Trust's lawyer/accountant) and tick the type of documentation to be provided.

Addressee 1		Copy Correspondence	
Name		Bank Account	<input type="checkbox"/>
Capacity		Statements	<input type="checkbox"/>
Address		Deposit advices	<input type="checkbox"/>
		Investment Account	<input type="checkbox"/>
		Contract notes	<input type="checkbox"/>
		Statements	<input type="checkbox"/>
		Valuations	<input type="checkbox"/>
Postcode		CGT packages	<input type="checkbox"/>

Addressee 2		Copy Correspondence	
Name		Bank Account	<input type="checkbox"/>
Capacity		Statements	<input type="checkbox"/>
Address		Deposit advices	<input type="checkbox"/>
		Investment Account	<input type="checkbox"/>
		Contract notes	<input type="checkbox"/>
		Statements	<input type="checkbox"/>
		Valuations	<input type="checkbox"/>
Postcode		CGT packages	<input type="checkbox"/>

PART 3 DECLARATION

COPY CORRESPONDENCE CONTINUED

Addressee 3		Copy Correspondence
Name		Bank Account <input type="checkbox"/>
Capacity		Statements <input type="checkbox"/>
Address		Deposit advices <input type="checkbox"/>
	Postcode	Investment Account <input type="checkbox"/>
		Contract notes <input type="checkbox"/>
		Statements <input type="checkbox"/>
		Valuations <input type="checkbox"/>
		CGT packages <input type="checkbox"/>

REQUESTS FOR INFORMATION

You agree that Kleinwort Hambros may give the following people any information requested in writing by them in relation to your account(s). (tick where appropriate):

Accountant	Contact Details
Bank account(s) only <input type="checkbox"/>	
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	

Solicitor	Contact Details
Bank account(s) only <input type="checkbox"/>	
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	

Tax Adviser	Contact Details
Bank account(s) only <input type="checkbox"/>	
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	

Other <input type="text"/>	Contact Details
Bank account(s) only <input type="checkbox"/>	
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	

PART 3 DECLARATION

BANK MANDATE

I/We as the trustee(s) of the (insert the name of the Trust)

hereby request and authorise Kleinwort Hambros to open an account or accounts in the name of the Trust.

In accordance with the trust deed, I/we authorise Kleinwort Hambros to act on all instructions relating to such account(s) and to honour and debit to such account(s), whether in credit or overdrawn or becoming overdrawn or closed in consequence of such debit, all cheques, drafts or other orders or receipts for money signed, bills of exchange and promissory notes drawn, accepted or made on behalf of the Trust provided they are signed or accepted by:

Any trustee acting alone; or*

All trustees acting together; or*

A specified number of trustees acting together*

Please specify number below:

Other instructions*

Please specify below:

*Only one of the above options must be completed. If not completed, Kleinwort Hambros will default to all trustees acting together.

until Kleinwort Hambros receives notice in writing to the contrary signed in accordance with the above instructions.

I/We also hereby authorise Kleinwort Hambros to act on any instructions that I/we may give concerning any valuable items which I/we have deposited with Kleinwort Hambros for safe keeping.

I/We agree to furnish Kleinwort Hambros with the deed(s) establishing the Trusts and with any documents executed pursuant to the powers conferred upon me/us by the deed(s) establishing the Trust ('Ancillary Documents').

For the avoidance of any doubt, I/we hereby acknowledge that Kleinwort Hambros is under no obligation to ensure that any act or instruction given by any trustee is in accordance with their duties, powers or obligations as set out in the trust deed or any Ancillary Documents and Kleinwort Hambros hereby excludes any liability of whatever nature in connection with the validity or otherwise of any such act or instruction.

PART 3 DECLARATION

BANK MANDATE

Private eBanking Service

The Private eBanking Service offers a means of accessing the Trust's account(s) via the internet. Further details about this service are set out in the Terms of Business. A person nominated by all of the trustees can access the account(s) via the Private eBanking Service but not operate the account(s) on behalf of the Trust (view-only access).

The trustee(s) wish(es) to use the Private eBanking Service to access the account(s) Yes No

Name of the individual nominated to access the Private eBanking Service:

Terms and Conditions

You should be aware that your relationship with Kleinwort Hambros will be governed by and is subject to this Client Services Questionnaire and our Terms of Business. The Terms of Business should be read in conjunction with this Client Services Questionnaire.

Monitoring of Telephone Calls

As further explained in the Terms of Business, all telephone conversations with us (and any help desk established in connection with the 'Private eBanking Service') may be monitored and/or recorded without use of a warning tone with a view to improving our service to you and to protect both you and us and to help establish facts.

Privacy, Confidentiality, Data Protection and Marketing

Kleinwort Hambros is a data controller in respect of your personal data. The collection of information (including personal data) in this document is necessary to enable us to provide our services to you, to comply with our legal obligations and to pursue our legitimate interests. Further information on how we gather, store and process your personal data and your rights in respect of such personal data can be found in our Privacy Notice which is available on our website at: www.kleinworthambros.com/en/important-information.

It is important that you read and understand the Privacy Notice and the conditions in the Terms of Business headed "Confidentiality", "Data Protection" and "Credit Reference Agencies" which explain how Kleinwort Hambros will deal with your information (including your confidential information and personal data). The Terms of Business are also available on our website at: www.kleinworthambros.com/en/important-information

Occasionally we may analyse and use the information we hold about you to send you market updates and intelligence, client satisfaction surveys and invitations to events and to give you information and marketing about products and services offered by us which we believe may be of interest to you. This is in addition to the normal dialogue you have with your Private Banker in relation to the products or services that we provide. If you do not wish to receive such information by post or email, please tick the relevant box(es) below:

	Email	Post
Market updates and intelligence	<input type="checkbox"/>	<input type="checkbox"/>
Events	<input type="checkbox"/>	<input type="checkbox"/>
Financial promotions	<input type="checkbox"/>	<input type="checkbox"/>
Client satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>

PART 3 DECLARATION

By signing this declaration:

- I/We confirm that all the details provided by me/us in this Client Services Questionnaire are true and correct to the best of my/our knowledge and belief;
- I/We acknowledge that I/we have been provided with a copy of the Terms of Business, Privacy Notice and Scale of Charges;
- I/We confirm that I/we have been provided with the opportunity to raise any questions or clarify any matters relating to both the Terms of Business and the Client Services Questionnaire with the private banker prior to signing below;
- I/We will provide you with any future ancillary document(s) that may affect the information provided herein.
- I/We agree that by signing below I/we will be bound by the Client Services Questionnaire and the Terms of Business, as amended from time to time.
- I/We hereby acknowledge and understand that Kleinwort Hambros does not provide tax, legal or accounting advice and confirm that I/we have taken my/our own advice as I/we deem appropriate before signing the below.

Trustee 1

Signature

Please print name in full

Company (if applicable)

Position

Date **DD / MM / YYYY**

Country you were in when signing this:

Trustee 2

Signature

Please print name in full

Company (if applicable)

Position

Date **DD / MM / YYYY**

Country you were in when signing this:

Trustee 3

Signature

Please print name in full

Company (if applicable)

Position

Date **DD / MM / YYYY**

Country you were in when signing this:

Trustee 4

Signature

Please print name in full

Company (if applicable)

Position

Date **DD / MM / YYYY**

Country you were in when signing this:

N.B. Any further trustee(s) should sign on a separate form.

IDENTIFICATION DOCUMENTS

GUIDANCE REGARDING DOCUMENTATION REQUIRED TO VERIFY YOUR IDENTITY AND ADDRESS

Kleinwort Hambros is required to verify the identity and residential address of all Clients and of certain other persons. This document provides guidance as to the type of documentation that is required and acceptable; who can certify these documents; and the wording that should be used to provide the certification.

Where you have been met face to face by an employee of the Societe Generale Group, including an employee of Kleinwort Hambros, you will be required to provide one document verifying your identity and one document verifying your residential address. In all other circumstances two documents verifying your identity and two documents verifying your residential address will be required.

Verification of Your Identity

Either of the following documents can be provided to verify your identity.

1. Signed passport.
2. National Identity Card.

The copy document provided must be current (i.e. not out of date), provide a full clear photograph, and show the issuing office, document number, date of issue and expiry date; together with the nationality, date of birth, place of birth, and signature of the holder.

Certification of Documents Verifying Your Identity

The person certifying your documents must include all of the following as part their certification:

- The certification must be signed and dated by the person handling the original documents.
- They should write: 'I hereby certify this to be a true copy of an original document and that the photograph therein is a true likeness of that person described therein'.
- The certifier must also provide adequate information so that they may be contacted in the event of a query – the name, address, title, occupation and firm of the certifier should be recorded clearly in BLOCK CAPITALS. Where appropriate a firm's official stamp should be used.

Verification of Your Residential Address

Documents verifying your residential address must be no more than 3 months old and can be either original documents (no certification required) or certified copies, which should be of good quality reproduction. Any of the following documents can be used to verify your residential address:

1. Current driving licence.
2. Statement of a Bank account or Mortgage account – a credit card statement is not acceptable.
3. Utility bill evidencing the provision of an utility service (Gas, Electricity, Water, Telephone) to your residential address – a mobile phone bill is not acceptable.
4. Property Tax bill or Income Tax Notification for the current year * see notes overleaf.

IDENTIFICATION DOCUMENTS

Notes:

- Document 4 on page 26 can be more than 3 months old, provided it relates to the current 'tax' year.
- PO Box addresses are not acceptable as a permanent residential address. In such cases, please refer to your Private Banker.
- Documentation verifying your residential address must be in English. When such documentation is in a foreign language, a full translation, or a translation of the salient points, translated by a party acceptable to Kleinwort Hambros, will be required. In such cases, refer to your Private Banker.

Certification of documents verifying your residential address and other documents

Certification of documents verifying your residential address and any other documents being certified should contain the wording 'I hereby certify this to be a true copy of an original document handed to me by the person described therein'. The other certification requirements detailed above regarding signature, date and certifier information are also required.

Who Can Certify Documents?

The following people can certify photocopies of your identity and address verification documents:

- An employee of the Societe Generale Group, including an employee of Kleinwort Hambros.
- An Official employed by a Bank or Financial Services Business regulated within the EU or within an "EU Equivalent Country" (for guidance as to EU and EU Equivalent countries, refer to your Private Banker).
- An officer of an embassy, consulate or high commission of the country of issue of the identity document.
- A Senior Civil Servant, serving Police Officer or a Customs Officer.
- A Notary, Lawyer, Solicitor, member of the Judiciary, Accountant, Actuary or Tax Adviser, who must be a member of a recognised professional body, thereby subject to professional rules providing for the integrity of his conduct.

Tax Resident Self-Certification Form

International Tax Reporting Agreements require Kleinwort Hambros to collect and report certain information on Client Tax Residency.

Any engagement is subject to satisfactory completion of the Tax Resident Self-Certification Form.

N.B. Where there are more than two parties to a joint account, each party must complete a separate Tax Resident Self-Certification Form.

NOTES

NOTES

NOTES

SG Kleinwort Hambros Bank Limited

5th Floor, 8 St James's Square
London SW1Y 4JU
T +44 20 7597 3000
F +44 20 7597 3456

SG Kleinwort Hambros Bank (CI) Limited

PO Box 78, SG Hambros House
18, Esplanade, St Helier
Jersey JE4 8PR
T +44 1534 815555
F +44 1534 815640

**SG Kleinwort Hambros Bank (CI) Limited
Guernsey Branch**

PO Box 6, Hambro House
St Julian's Avenue, St Peter Port
Guernsey GY1 3AE
T +44 1481 726521
F +44 1481 727139

**SG Kleinwort Hambros Bank
(Gibraltar) Limited**

PO Box 375, Hambro House
32 Line Wall Road, Gibraltar
T +350 2000 2000
F +350 2007 9037

www.kleinworthambros.com



SOCIETE GENERALE GROUP